

**EMS ADVISORY COUNCIL MEETING MINUTES**  
**January 16, 2020**  
**Conference Room 104 –Burlington Building/Virtual attendance**

**Members Present:** Bert Anderson, RJ Benth, Kelly Dollinger, Kari Enget, Lynn Hartman, Tim Meyer

**Members Not Present:** Tim Blasl, Lynette Dickson, Curt Halmrast, Heidi Lako-Adamson, Karin Mongeon, Theo Stoller, Diane Witteman

**DoH Representation:** Nicole Brunelle, Christine Brondyk, Sam Harrison, Kerry Krikava, Kari Kuhn, Chris Price, Tim Wiedrich

**Others Present:** Clayton Fegley, Corrie Geurts, Ron Lawler, Joe Lies, Adam Parker, Ken Rensch

**Welcome and Introductions**

**Approval of Minutes: October 17, 2019**

**No quorum for voting on minutes**

If you have changes to be made, please notify the Division.

**Discussion of Rural EMS Issues - Clayton Fegley**

- TM – long-term problems that have not been resolved
  - The state or county need to take on the mandate, that they are willing to support rural EMS long term.
    - There is a mandate for schools and sheriffs but not for EMS or fire
      - This falls on the people who want the service
      - What quantifies an essential service
        - Does the community feel it is an essential service and if so then how are they going to fund to keep it
      - The public votes on their level of support for their local EMS service (taxing levels, etc.)
      - To fund with state funds, we would have to choose where there are services, where there are not – 10 miles apart, etc.
        - Decide what level to serve at – ALS/BLS
      - If funded locally, these decisions are made locally
      - Relying on volunteers to run the system is a barrier
        - Not sustainable as a volunteer system
        - Paid / partially paid
      - Mixture of funding
      - REMSA is not intended to support the EMS system – funding services that cannot generate the funds locally
      - Not enough money to go around
    - The fact that there has not been a state-wide plan for rural EMS. Leads me to the statement failing to plan means you plan to fail. We need a blueprint of how we want EMS in rural ND.
      - State-wide studies have been done looking at the challenges of EMS in the state
      - Last one done has been about 9 years ago, but constitutes a plan
      - In statute that we will have a plan
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    - Response time
      - Large difference in funding needs depending on the level of response time wanted

- Different funding levels for ambulance services vs QRU
- Emergency medical response rather than ambulance service
- No science behind response times
  - Level of acceptance
  - Customer service vs medical response
  - Tweaking of chute time and response times in draft rules to be discussed
  - Reality – set expectations accordingly and educate and know what the public expectations actually are
    - If in the middle of nowhere, expectations can't be as high
- In the plan the local ambulance service that signs on voluntarily needs to have a 10-mill tax support and a place for staff to stay and be able to provide qualified drivers.
  - Volunteer services should have public support
  - Must be done locally
  - Make the voting/changing funding process simpler

#### Council Membership

- Chair discussion
  - As currently stands Tim will be the chair for 2020
  - EMSC – chair is Dr Joan Connel
    - EMSC recommendation is Joan with Ron as a 'proxy' if she's unavailable
    - EMSAC recommends the above
  - Legislative replacement for Chet
    - Bert Anderson has accepted
  - DOT representation
    - Karin has had difficulty attending
    - DOT is not a required member
    - Encourage the department to find another representative from DOT – KD
  - Diane Witteman – NDEMSEA representation
    - Retiring
    - NDEMSEA will appoint another representative
    - Letter of appreciation

#### Governance Document

- A draft was distributed at the last meeting in October for review and comment
- Term limits – lose majority of members including chairs

#### EPR/DEMS Update –

- HRR reorganization
- Exploring possibilities of streamlining processes etc.
  - Including possible licensure software systems
- Activities
  - Division team approach to the rules
  - Division team approach to application for the Helmsley law enforcement AED program
    - \$4.3 million over 3 years
    - Providing AEDs to every mobile law enforcement vehicle
      - Any form of vehicle that may be dispatched
      - All levels of LE
    - Stop the Bleed, CPR,
  - Trauma
    - Rules – waiting on comment from AGs office
    - During trauma site visits they encourage hospitals to reach out to EMS agencies to participate in regional meetings etc.
  - EMS
    - Responder license plates
    - Education changes

- Implementation of the portfolio method
- Making training available via studio
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- Recertification/relicensure
- Cardiac/Stroke
  - Christine Brondyk – cardiac nurse background
  - Stroke
    - Revising site visit – standardize / streamline the process
    - Reached out to acute stroke ready hospitals and has received feedback
  - Cardiac
    - Met with task force – reviewed century code and developed goals
  - Cardiac ready communities
    - Expanding to cardiac ready campuses
    - UND – first to apply – hoping to use as a model
      - Waiting on official designation
    - Bismarck/Mandan Metro Area Ambulance application has been received
- EMSC
  - HRSA site visit last month – went well
    - Trip to Napoleon and back to get feel of transport times etc.
  - Annual data collection
    - Looking for 100% response rate
- Ambulance inspection
  - New relationship with others that do site visits and surveys – looking at possible streamlining and sharing of resources

#### Grant Update

- REMSA
  - 100% audit on requests for reimbursement
  - Required a monthly reimbursement request but never enforced
  - Now quarterly - seems to be working well
  - Most services are using for staffing
    - Looking for detail on staffing records
  - Some are 100% spent already
- Training Grants
  - Intended to make electronic process but change is taking longer than planned
  - Working on the list of contractors and a letter of notification will be sent to begin submitting all grant applications online
  - PRS system
  - Will be a much better tracking tool
  - Also making this move on the trauma reimbursement side

REMSA subcommittee – bring to next meeting discussion for assigning projects

#### Rules

- These drafts are for discussion only
- Not approved by the Department at this time
- Council members please review and send comments to the Division
- AGs – health council permission for hearing, respond to comments, back to AGs office, back to health council for final approval unless denied – back through the process
- TM – problem with the ALS licensure forms being signed by medical director for each service a medic works for

#### Other Business

Adjourn

Moved by Kari Enget